

Commonwealth of Virginia



Application For A Department of Health Permit

Application for a: ☐ Summer Camp ☐ Campground ☐ Hotel/Motel ☐ Bed & Breakfast
☐ Migrant Labor Camp ☐ Other

Name of establishment: _____

Mailing address: _____

Telephone _____

Physical location: _____

Establishment Owner: _____

Establishment owner is a/an: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other

Owner's Address: _____

Telephone _____

Billing Address: _____

Local registered agent (if required):

Name _____

Title _____

Address _____

Telephone _____

Person directly responsible for the establishment:

Name _____

Title _____

Address _____

Telephone _____

Number of Rooms: _____ Campsites: _____ Persons Housed: _____

Water Supply: ☐ Public ☐ Private Sewage: ☐ Public ☐ Private

I/we understand that after issuance of the Health Department permit requested, the Commissioner of Health or his authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required..

Signature: _____

Title: _____

Print Name: _____

Date: _____